

ADMINISTRATOR
ACM GROUP INSURANCE PROGRAM
1707 L Street, N.W.—Suite 700 • Washington, D.C. 20036

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NEW PLAN!



Association for Computing Machinery

1133 AVENUE OF THE AMERICAS
NEW YORK, N. Y. 10036
(212) 265-6300

SIDNEY WEINSTEIN, *Executive Director*

REPLY TO: Administrator,
ACM Group Insurance Program
1707 L Street, N.W.—Suite 700
Washington, D.C. 20036

November 1976

Dear Member:

Last month you were informed about our new Accidental Death and Dismemberment Insurance Plan. The ACM Insurance Program includes other valuable coverage at attractive rates.

There have been recent improvements in our Life Insurance Plan including:

- 20% more member coverage to age 61 without an increase in cost — higher options now range from \$12,000 to \$72,000 (in units of \$12,000).
- More spouse coverage is available — the maximum which may be requested has been increased from \$25,000 to \$35,000, but may not exceed 50% of the member's coverage.

In addition, insured members received a dividend credit equal to 60% of their premium contributions for the policy year ending September 30, 1975 — the highest credit since the inception of the Plan. Future dividend credits, of course, cannot be promised or guaranteed.

The Disability Income Plan can help protect against a sudden loss of income due to a disabling accident or illness. The Plan provides monthly benefit options from \$400 to \$1,500. Requests for coverage under the Life and Disability Income Plans are subject to insurance company approval.

Under the new Accidental Death and Dismemberment Plan, eligible members may select a Principal Sum up to \$300,000 — with up to \$150,000 guaranteed for member and spouse regardless of health.

I suggest you review the enclosed brochures for more information and see how you can benefit from participation.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Sidney Weinstein', written over a horizontal line.

Sidney Weinstein
Executive Director

BE SURE TO INDICATE ON REVERSE SIDE OPTION REQUESTED

TO ENROLL: Include check for first premium contribution payable to: **ADMINISTRATOR, ACM Ins. Program**
and send check and completed form(s) to: **1707 L Street, N.W.—Suite 700, Washington, D.C. 20036**
Telephone: **(202) 296-8030**



Request For Group Insurance From
NEW YORK LIFE INSURANCE COMPANY

FORM 2-d

DISABILITY INCOME PLAN FOR ACM MEMBERS

(6892)

PLEASE PRINT OR TYPE

1. MEMBER'S NAME AND ADDRESS

Last

State

FIRST CLASS

PERMIT No. 32596
WASHINGTON, D. C.

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ADMINISTRATOR
ACM GROUP INSURANCE PROGRAM
1707 L Street, N.W.
Washington, D. C. 20036

SUITE 700

TO SUBMIT CLAIMS, WRITE THE ADMINISTRATOR.
FOR CLAIM FORMS.

HIGH-LIMIT ACCIDENTAL DEATH AND DISMEMBERMENT PLAN

**approved for
individual
members
and their
dependents**

 **THE HARTFORD**
Insurance by

Underwritten by
HARTFORD ACCIDENT AND INDEMNITY CO.
HARTFORD, CONNECTICUT 06115



Served by
ADMINISTRATOR
ACM GROUP INSURANCE PROGRAM
1707 L STREET, N.W.—SUITE 700
WASHINGTON, D.C. 20036
TELEPHONE: (202) 296-8030

**THIS PLAN INSURES YOU—
ON THE JOB, AT HOME, TRAVELING, AND ON VACATION.
24-HOUR ACCIDENT PROTECTION THAT COVERS YOU YEAR-ROUND—
INCLUDING PRIVATE AUTOMOBILES AND AS A PASSENGER IN COMMERCIAL,
PRIVATE OR "COMPANY" PLANES — TO AGE 70***

**CHOICE OF \$50,000 TO \$300,000 MEMBER COVERAGE
UP TO \$150,000 WITHOUT REGARD TO HEALTH**

SCHEDULE OF BENEFITS

If an accidental injury results in any of the following losses within 365 days of the date of accident, the Insurance Company will pay the benefit sum shown below, but only one of the sums, the largest, will be payable for injuries resulting from any one accident.

FOR LOSS OF:

Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Speech and Hearing	Principal Sum
Either Hand or Foot	One-Half of Principal Sum
Sight of One Eye	One-Half of Principal Sum
Speech or Hearing	One-Half of Principal Sum
Thumb and Index Finger of Either Hand	One-Quarter of Principal Sum

Loss means: with reference to hands and feet, actual severance through or above wrist or ankle joints; with reference to eyes, entire and irrecoverable loss of sight; with reference to thumb and index finger, actual severance through or above metacarpophalangeal joints; and with reference to speech or hearing, entire and irrecoverable loss thereof.

***TERMINATIONS**

Coverage may be carried to the premium due date after an insured member reaches age 70, when it converts to COMMON CARRIER TRAVEL ACCIDENT COVERAGE (maximum \$100,000) at reduced cost. COMMON CARRIER coverage protects while a passenger on any licensed public conveyance—air, bus, train, boat, taxi—including any transport type aircraft operated by the MAC or equivalent, as further defined in the policy.

Otherwise, the insurance for a member (and for insured dependents, as long as they remain eligible) remains in force unless you cease to be a member, fail to pay premiums when due, or the group policy is terminated. A member's surviving spouse and children may continue coverage if it was in force before the member's death.

Coverage is suspended while in military service, except that spouse and children may continue coverage during this period. There are provisions for reinstatement of coverage after Military Service as described more fully in the Certificate of Insurance.

EXCLUSIONS

The exclusions are: (1) suicide or intentionally self-inflicted injury; (2) sickness or disease or medical or surgical treatment therefor, except pyogenic infection which occurs through an accidental cut or wound; (3) war or act of war; (4) military service; (5) operating, learning to operate or serving as a pilot or crew member of any aircraft.

ELIGIBILITY AND GUARANTEED AMOUNT

All members under age 70 are eligible for coverage. You may select a Principal Sum ranging from \$50,000 to \$300,000 (in units of \$50,000). Coverage of \$50,000 to \$150,000 is available for a spouse, but may not exceed member's coverage. Each unmarried dependent child under age 25 may be covered for \$10,000.

GUARANTEED AMOUNT: All members under age 70 are guaranteed up to \$150,000 coverage as well as coverage for spouse and eligible children.

EFFECTIVE DATE

Coverage for the member, spouse and children becomes effective on the first of the month following receipt by the Administrator of your application and premium. However, if the member Principal Sum applied for is in excess of \$150,000, such excess amount will become effective on the first of the month following Insurance Company approval of your application.

NOTE: Members of all organizations in the Engineering and Scientific Associations Accident and Health Insurance Trust (of which your organization is a participant) are limited to a total of \$150,000 guaranteed coverage and the maximum amounts shown below.

HOW TO APPLY

1. Please circle applicable premium(s) below for member, spouse and children, and add together for total.
2. Complete and sign the form below.
3. Include check payable to: Administrator, ACM Ins. Program and mail with this completed page to: 1707 L Street, N.W.—Suite 700, Washington, D.C. 20036.

----- (Please tear off here) -----

PRINCIPAL SUMS AND ANNUAL PREMIUMS

(Please circle applicable premium(s) below for member, spouse and children, and add together for total.)

PRINCIPAL SUM FOR MEMBER		[Code FC]	[Code FF]	[Code FJ]	[Code FL]	[Code FP]	[Code FQ]
		\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
When Member is	Under Age 70	\$34.50	\$ 69.00	\$103.50	\$138.00	\$172.50	\$207.00
	Over Age 70*	26.00	52.00		Not Available		
PRINCIPAL SUM FOR SPOUSE		[Code 3 (L)]	[Code 5 (N)]	[Code 6 (P)]	[Code X] \$10,000 PRINCIPAL SUM FOR EACH CHILD		Premium for All Children Regard- less of How Many
		\$50,000	\$100,000	\$150,000			
When Member is	Under Age 70	\$32.50	\$ 65.00	\$97.50	When Member is	Under Age 70	\$13.00
	Over Age 70*	26.00	52.00	Not Available		Over Age 70*	7.80

* Renewal only. On the premium due date after a member reaches age 70, coverage converts to Common Carrier Travel Accident Coverage at the reduced premium shown and a member (and spouse) may not carry more than \$100,000 Principal Sum each.



THE HARTFORD

HIGH-LIMIT ACCIDENTAL DEATH AND DISMEMBERMENT PLAN FOR ACM MEMBERS

FORM 4

6896

APPLICATION TO HARTFORD ACCIDENT & INDEMNITY COMPANY

(PLEASE PRINT OR TYPE)

MEMBER'S NAME

Last	First	Middle Initial	MEMBERSHIP NUMBER (If Known)
------	-------	----------------	------------------------------

ADDRESS

Number and Street	City	State	Zip Code
-------------------	------	-------	----------

SEX M or F	DATE OF BIRTH Mo. Day Yr.	AGE	ARE YOU CURRENTLY INSURED UNDER THE ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN FOR MEMBERS? YES ☐ NO ☐

YOUR BENEFICIARY

Last Name	First	Middle Initial	Relationship
-----------	-------	----------------	--------------

DO YOU ALSO WISH TO COVER YOUR SPOUSE AND/OR CHILDREN? YES ☐ NO ☐
 (The beneficiary for spouse and children is the member unless otherwise requested.)

COMPLETE A & B BELOW ONLY IF REQUESTING MORE THAN \$150,000 MEMBER INSURANCE

A. Have you ever had any life, accident or sickness insurance declined, canceled, issued other than as applied for, or renewal refused? YES ☐ NO ☐
 If answer is YES, fill in information below:

Name of Company	Date	Reason
-----------------	------	--------

B. Have you been under a doctor's advice or treatment within the last twelve months—or are you presently taking medication? YES ☐ NO ☐
 If answer is YES, state details below:

Dates	Names and addresses of physicians and hospitals (if any)	Include all information as to nature of illness or injury, dates, duration and results

I am a member of ACM, under age 70, and wish to enroll in the Accidental Death and Dismemberment Insurance Plan. I understand that for member coverage in excess of \$150,000, the insurance company reserves the right to request additional information.

DATE SIGNED
FORM PA-4153-0

PRINTED IN U.S.A.

SIGNATURE

BE SURE TO CIRCLE PREMIUM(S) ABOVE

11/76-ACM



Request for Group Life Insurance from
NEW YORK LIFE INSURANCE COMPANY

FORM 1

**FOR MEMBERS OF THE
ASSOCIATION FOR COMPUTING MACHINERY**

PLEASE PRINT OR TYPE (BE SURE TO SEE REVERSE SIDE)

1. MEMBER'S NAME AND ADDRESS

Last First Initial

Permanent Mailing Address City State Zip Code

2. MEMBERSHIP AFFILIATION

Are you now a member of ACM? YES ☐ NO ☐

3. TYPE OF REQUEST (Refer to brochure for eligibility, option and coverage description)

I wish coverage for (Check One): ☐ Myself only ☐ Myself and my spouse ☐ Myself and my spouse and child(ren) ☐ Myself and my child(ren)

I request Group Term Insurance in the Initial amount of: \$ _____ for myself; \$ _____ for my spouse

Name of Spouse (If proposed for insurance) _____

4. BENEFICIARY DESIGNATION

I hereby make the following beneficiary designation, and if I am already covered under this Group Life Insurance Plan hereby revoke any prior beneficiary designation: (Insert name, relationship and address)

5. STATEMENT OF HEALTH

a. Member

b. Spouse (If proposed for insurance)

Date of Birth			Height	Weight	Sex
Mo.	Day	Yr.	Ft. In.	Lbs.	(M or F)

c. Is any person proposed for Insurance III? YES ☐ NO ☐

d. Is any person proposed for insurance contemplating any medical or surgical treatment? YES ☐ NO ☐

e. Has any person proposed for insurance ever had: heart trouble, elevated blood pressure, ulcers, cancer, diabetes, nervous disorder, tuberculosis, asthma or emphysema, albumin, blood or sugar in urine, other illness, disease or injury? YES ☐ NO ☐

f. During the past five years has any person proposed for Insurance had any illness, disease or injury, consulted any physician or been confined or treated in any hospital, rest home, sanitarium or similar institution? YES ☐ NO ☐

g. If a consultation with a physician was for routine or annual examination or check-ups were there any symptoms or adverse findings? YES ☐ NO ☐

h. If any question in items c, d, e, f, or g is answered "yes" give full details below. (If you need more space, attach a separate sheet.)

Question	Person to whom it applies	Date	Names and addresses of physicians and hospitals (if any)	Include all information as to nature of illness or injury, symptoms, number of attacks, duration, treatment and results.

I hereby enroll for the Group Term Life Insurance requested above and declare that to the best of my knowledge and belief: (a) I am eligible for such Insurance under the terms of the Group Policy or Policies issued by New York Life Insurance Company, and (b) that the statements I have made to induce New York Life to insure me with respect to myself and to my eligible dependents above are true and complete. I understand that (a) this request includes this form and any forms captioned "Supplement to Request for Group Insurance" that may be required; and (b) that any dividend apportioned to the policy or policies will be paid to the Trustee of the Life Insurance Plan. I ask New York Life to rely on all statements made in such forms while considering this request. Furthermore, it is understood that New York Life reserves the right to require that I provide additional information and, if necessary, an examination by a physician.

Member's Signature _____ Date _____ Membership Number (if any) _____

I hereby declare that to the best of my knowledge and belief the statements made above regarding my health are true and complete.

Spouse's Signature _____
(necessary only if spouse coverage is requested)

HOW TO REQUEST GROUP LIFE INSURANCE:

1. Complete the form on the reverse side.
2. The initial cost of insurance is based on the member's attained age when his insurance becomes effective. See brochure.
3. Include check for semiannual premium contribution payable to: Administrator, ACM Ins. Program, and mail with completed form in enclosed envelope to:

ADMINISTRATOR
ACM GROUP INSURANCE PROGRAM
1707 L Street, N.W.—Suite 700
Washington, D. C. 20036
(202) 296-8030

(FOR MEMBERS)

For New York Life Insurance Company Use Only												
Ins. Nos.	Eff. Date	Cl.	Amount	Anniv.	Debits			ST.	A/R	SC	Check	O G
					H	L	F					
					%	%	%					

(FOR SPOUSE)

For New York Life Insurance Company Use Only												
Ins. Nos.	Eff. Date	Cl.	Amount	Anniv.	Debits			ST.	A/R	SC	Check	O G
					H	L	F					
					%	%	%					

(FOR DEPENDENT CHILD(REN))

For New York Life Insurance Company Use Only												
Ins. Nos.	Eff. Date	Cl.	Amount	Anniv.	Debits			ST.	A/R	SC	Check	O G
					H	L	F					
					%	%	%					

Serviced by:

ADMINISTRATOR

ACM GROUP INSURANCE PROGRAM

1707 L Street, N.W. — Suite 700

Washington, D.C. 20036

Telephone: (202) 296-8030



Underwritten by:

NEW YORK LIFE INSURANCE COMPANY
New York, New York 10010

One of the largest, most widely known and respected firms in the insurance industry. Established in 1845, it is well equipped to serve the membership.

Group Disability Income Plan

for individual members
of the Association
for
Computing Machinery

BENEFITS FOR PARTIAL DISABILITY DUE TO SICKNESS

If you are partially disabled immediately following a period of total disability for which benefits are payable, you receive one-half the selected monthly indemnity up to a maximum of one month.

BENEFITS FOR PARTIAL DISABILITY DUE TO ACCIDENT

If you are partially disabled within 30 days of an accident or immediately following a period of total disability for which benefits are payable, you receive one-half the selected monthly indemnity up to a maximum of three months.

SPECIFIC INDEMNITIES and NON-DISABLING INJURIES DUE TO ACCIDENT

For specified fractures and dislocations due to accident, you are guaranteed a minimum payment according to a schedule, regardless of how long you are actually disabled.

Also, if you are injured but not disabled you receive *up to one-fourth of one month's indemnity for doctor's bills and X-ray expenses* incurred within 30 days of an accident.

TERMINATIONS

Once coverage is validly in force, it may be carried to the policy anniversary date after reaching age 70, unless the insured retires, ceases to be a member, fails to pay premium contributions when due or the group policy is terminated. However, on the premium contribution due date on or after reaching age 60, a member covered under any of the higher Options who wishes to continue coverage must transfer to an Option of \$600 or less.

GENERAL INFORMATION

EFFECTIVE DATE: All eligible members who pay the first premium contribution and whose evidence of insurability is satisfactory to New York Life will become insured on the first of the month coinciding with or next following the date of approval of their request for coverage, unless they are not performing the full-time duties of their occupation or profession on the date it would otherwise become effective.

If an individual does not meet the company's underwriting standards, there are instances where the company may be able to offer insurance (at the same premium) by eliminating coverage for a specific impairment or disease.

It is extremely important that you answer *fully* the questions about medical history on all forms submitted. The insurance company relies on your answers and failure to supply complete information may invalidate coverage.

To submit claims, write the Administrator for claim forms.

This brochure is not for use by residents of Florida or North Carolina.

HOW TO APPLY

- A. Complete the enclosed Request Form 2-d.
- B. Include check for first premium contribution payable to Administrator, ACM Ins. Program, and mail with application in enclosed envelope to: 1707 L Street, N.W.—Suite 700, Washington, D.C. 20036.

ELIGIBILITY

1. Members under age 55 may request coverage under any Option. Members ages 55-59 may only request coverage for a \$400 per month Option. Student members are not eligible unless working full-time. (At present Florida residents are not eligible for this Plan.)
2. Members ages 60-69 may only request coverage under a modified Plan providing lifetime accident and two years sickness benefits. This is described in a separate brochure which will be furnished by the Administrator on request.
3. You may not choose an Option where twelve monthly benefits, together with all other disability income insurance you may have, exceed 75% of your earned annual income; nor may you request an Option which, combined with similar insurance, would equal more than \$1,800 monthly indemnity.

SEMIANNUAL PREMIUM CONTRIBUTIONS

(See Form 2-d for Annual and Quarterly Premium Contributions)

PREMIUM CONTRIBUTION is based on insured member's attained age when coverage becomes effective and increases on the premium contribution due date coinciding with or next following the date the member reaches a higher age bracket.

OPTIONS FOR BENEFITS BEGINNING ON 1ST DAY OF ACCIDENT AND 8TH⁺ DAY OF SICKNESS

†or 1st Day of Hospital Confinement

Member's Age	\$400 per month Benefit Option	\$600 per month Benefit Option	\$800 per month Benefit Option	\$1000 per month Benefit Option	\$1500 per month Benefit Option
	Semiannual	Semiannual	Semiannual	Semiannual	Semiannual
Under 30	\$ 52.10	\$ 77.90	\$103.70	\$129.50	\$194.00
30-39	53.50	80.00	106.50	133.00	199.25
40-44	78.00	116.75	155.50	194.25	291.15
45-49	82.00	122.75	163.50	204.25	306.15
50-54	120.50	180.50	240.50	300.50	450.50
55-59	125.00	187.25	249.50	311.75	467.40
60-62	168.50	252.50	On premium contribution due date on or after age 60, changes to \$600 per month Benefit Option.		
63-64	142.00	212.75	On premium contribution due date on or after age 63, reduces to a maximum of two years sickness benefits.		
65-69	145.50	218.00			

Premium contributions shown in shaded areas are for renewal only.

OPTIONS FOR BENEFITS BEGINNING ON 91ST DAY FOR BOTH ACCIDENT AND SICKNESS

Member's Age	\$400 per month Benefit Option	\$600 per month Benefit Option	\$800 per month Benefit Option	\$1000 per month Benefit Option	\$1500 per month Benefit Option
	Semiannual	Semiannual	Semiannual	Semiannual	Semiannual
Under 30	\$ 30.10	\$ 44.90	\$ 59.70	\$ 74.50	\$111.50
30-39	31.00	46.25	61.50	76.75	114.90
40-44	50.00	74.75	99.50	124.25	186.15
45-49	52.50	78.50	104.50	130.50	195.50
50-54	85.50	128.00	170.50	213.00	319.25
55-59	88.50	132.50	176.50	220.50	330.50
60-62	121.00	181.25	On premium contribution due date on or after age 60, changes to \$600 per month Benefit Option.		
63-64	94.50	141.50	On premium contribution due date on or after age 63, reduces to a maximum of two years sickness benefits.		
65-69	97.00	145.25			

Premium contributions shown in shaded areas are for renewal only.

INSURE YOUR INCOME— YOUR MOST VALUABLE ASSET

THIS PLAN PROVIDES PERIODIC BENEFIT PAYMENTS TO HELP REPLACE INCOME WHEN YOU ARE UNABLE TO WORK AS A RESULT OF ILLNESS OR INJURY.

MONTHLY BENEFIT OPTIONS

You may choose only one Benefit Option for which you are eligible:

\$400	\$600	\$800
\$1,000	\$1,500	

CHOICE OF WHEN BENEFITS BEGIN

1ST DAY — ACCIDENT
8TH DAY — SICKNESS

or

91ST DAY — ACCIDENT
91ST DAY — SICKNESS

ACCIDENT BENEFITS—LIFETIME

Monthly payments while you are totally disabled and prevented from performing the *duties of your occupation*, up to a maximum of five years. Benefits are then payable for life while you continue to be totally disabled and cannot perform the *duties of any occupation or profession* for which you are reasonably fitted by reason of your education, training or experience.

SICKNESS BENEFITS—TO AGE 65

Monthly payments while you are totally disabled and prevented from performing the *duties of your occupation*, up to a maximum of five years. Benefits are then payable up to age 65, while you continue to be totally disabled and cannot perform the *duties of any occupation or profession* for which you are reasonably fitted by reason of your education, training or experience. You receive a maximum of two years sickness benefits for a total disability which starts after age 63.

ADDITIONAL PROVISIONS

CHOICE OF COVERAGE

You can choose coverage with different amounts of monthly benefits. Benefits can begin on the *first day* for total disability due to accident or sickness (8th day of sickness if not hospital-confined), or on the *91st day* of total disability with the same monthly benefits. This coverage is, of course, less expensive and may be of special interest to members who are already covered by salary continuation plans.

CHANGE OF OCCUPATION

Benefits will not be changed because you perform duties of a more hazardous occupation or change jobs.

RECURRING SICKNESS

If you have returned to full-time employment for six months or more after an illness, then a second claim for the same or related sickness is considered a new disability.

OTHER INSURANCE

Once coverage is validly in force, full benefits are payable regardless of any other insurance you may carry.

WAIVER OF PREMIUM

After you have received benefits for six consecutive months, all your future premium contributions will be waived for as long as you receive benefits for total disability.

EXCLUSIONS AND LIMITATIONS

The policy does not provide benefits for any disability due to: attempt at suicide while sane or self-destruction while insane; pregnancy, childbirth or miscarriage; declared or undeclared war or any act thereof; service in the armed forces of any country; and any impairment or disease specifically excluded from an insured's coverage.

GROUP LIFE INSURANCE PLAN

**approved
for
individual
members
and
their
dependents**

acm

Association
for Computing
Machinery

INFORMATION ABOUT THE GROUP TERM LIFE INSURANCE PLAN

WHO IS ELIGIBLE? All members who have not reached their 70th birthday may request coverage for themselves and their eligible dependents (see page 3). A dependent who is a member is eligible for either member or dependent coverage, but not both.

Ohio, Texas and Wisconsin residents may apply for coverage under individual term insurance policies — see inserted page.

WHEN DOES INSURANCE BECOME EFFECTIVE? All eligible members who pay the first premium contribution and whose evidence of insurability is satisfactory to the New York Life Insurance Company will become insured on the first of the month coinciding with or next following the date of approval of their application or request for coverage, as will their dependents, except for those dependents who are in the hospital on the date their coverage would otherwise become effective.

HEALTH REQUIREMENTS: It is extremely important that you answer *fully* the questions about medical history on the form. New York Life will rely on your answers and failure to supply complete information may invalidate coverage. Requests for insurance will be processed promptly and coverage will be issued for members and dependents whose evidence of insurability has been found to be satisfactory.

PERSONAL CERTIFICATE OR POLICY: This brochure contains a brief description of the principal provisions and definitions of the Life Insurance Plan. Insured members who are residents of Ohio, Texas or Wisconsin will receive individual insurance policies. All other insured members will receive a personal certificate of insurance summarizing their benefits under the Group Policy, issued by New York Life Insurance Company to the Trustee of the Engineering Associations Insurance Trust in which your organization participates. This Trust was organized to provide life insurance for members of engineering, scientific and technical organizations on an economical basis. The complete terms and conditions are set forth in the applicable policy.

DIVIDENDS: Each year New York Life, a mutual insurance company, determines whether a dividend is payable in connection with the life insurance plan. When dividends have been received in the past, the Trustee has allowed a credit equal to a percentage of the premium contribution made by each insured member for coverage during the previous policy year.

DIVIDEND CREDIT HISTORY FOR OUR INSURED MEMBERS FOR THE LAST FOUR POLICY YEARS EACH ENDING 9/30:

1972 ... 40%	1973 ... 40%	1974 ... 45%	1975 ... 60%
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Future dividends and credits are not guaranteed or promised. The premium contributions shown on the next page are subject to reduction by dividend credits, when dividends are received, in the form of a credit on your semi-annual premium contribution notice. Such credits will not be paid in cash.

WAIVER OF PREMIUM: If a member becomes totally disabled before age 60, and remains so disabled for 9 months, his insurance will be continued including coverage for eligible dependents, if any. The amount continued will be based on the option under which the individual was insured at the time disability commenced, subject to the decreases beginning at age 61 as shown in the schedule, without further premium contributions during such disability until the member reaches age 70. Evidence, from time to time, of continued total disability is all that will be required.

TERMINATION: Insurance for you remains in force to age 70, and for your insured dependents so long as they remain eligible, provided: (a) the Plan is not terminated or modified, and (b) you remain a member, and (c) you continue to make the premium contribution. Insurance will not terminate if you change employment or retire. In case of the death of a member, coverage for insured dependents will continue as described in the certificate of insurance or the individual policies.

CONVERSION PRIVILEGE: The Plan provides a Conversion Privilege for a member if insured for at least five years when his insurance terminates after reaching age 70. (It also provides certain Conversion Privileges for insured dependents.) In such case insurance will be continued for 31 days, with the right to convert the amount of insurance then in force to a permanent life insurance policy of equal amount without evidence of insurability. A member or dependent may choose any type of individual policy then customarily being issued by the New York Life Insurance Company, other than a policy containing waiver of premium, double indemnity, term insurance, disability, or other supplementary benefits. The Plan also provides conversion privileges under other circumstances as described in the certificate or the individual policies.

INCONTESTABILITY: Under the Group Policy benefits are paid in the event of death without regard to cause. The validity of any amount of your insurance which has been in force for two years during your lifetime will not be contested except for non-payment of premium contribution.

BENEFICIARY: The beneficiary is the person last designated by you in writing, and recorded as such by or on behalf of New York Life. The insured member is the beneficiary with respect to the insurance on his dependents.

GROUP TERM LIFE INSURANCE

OHIO, TEXAS AND WISCONSIN RESIDENTS, PLEASE CONSULT INSERTED PAGE.

FOR A MEMBER

OPTIONS OF \$12,000 to \$72,000*
in multiples of \$12,000

FOR A SPOUSE

May not exceed 50% of member coverage

OPTIONS OF \$5,000 to \$35,000
in multiples of \$5,000

FOR EACH UNMARRIED DEPENDENT CHILD

From 14 days to 6 months the benefit is \$500

To age 23, or
25 if in college

\$2,500

*If a member is requesting or changing to an Option that will provide over \$60,000 member insurance under this Plan, a physical examination is required.

See the table below for Amounts of Insurance after age 60.

SEMIANNUAL PREMIUM CONTRIBUTIONS

The initial cost of insurance for a member and spouse is based on the member's attained age when insurance becomes effective. The cost increases as the member grows older, as indicated below.

Member's Age at Last Birthday	MEMBER \$12,000 OPTION	SPOUSE \$5,000 OPTION	ALL CHILDREN \$2,500†
Under 30	\$ 10.00	\$ 3.95	\$3.29
30-34	11.65	4.35	3.29
35-39	16.00	5.60	3.29
40-44	25.00	8.30	3.29
45-49	40.50	12.75	3.29
50-54	63.00	19.85	3.29
55-59	97.50	30.65	3.29
60-70	122.07	36.62	3.29

To find the semiannual premium contribution for member options in excess of \$12,000, multiply the contribution shown for the \$12,000 member option by the number of \$12,000 multiples in the option desired (e.g., for \$60,000 at age 33, multiply \$11.65 by 5 = \$58.25).

To find the semiannual premium contribution for spouse options in excess of \$5,000, multiply the contribution shown for the \$5,000 spouse option by the number of \$5,000 multiples in the option desired (e.g., \$25,000 at member's age 33, multiply \$4.35 by 5 = \$21.75).

Add the contribution for spouse (and children's) coverage to the member's contribution if this additional coverage is requested.

AMOUNTS OF INSURANCE

Member's Age at Last Birthday	MEMBER \$12,000 OPTION	SPOUSE \$5,000 OPTION	CHILDREN \$2,500†
all ages through 60	\$12,000	\$5,000	\$2,500
61	9,200	4,600	2,500
62	8,500	4,250	2,500
63	7,800	3,900	2,500
64	7,200	3,600	2,500
65	6,700	3,350	2,500
66	6,200	3,100	2,500
67	5,700	2,850	2,500
68	5,200	2,600	2,500
69	4,800	2,400	2,500
70*	4,400	2,200	2,500

*Terminal Age — See conversion privilege on opposite page.

†\$500 benefit for children age 14 days to six months.

The amount of life insurance for a member and spouse is based on the member's age at last birthday, and decreases on the member's birthday each year after age 60. It decreases as shown for the \$12,000 member option of insurance, with proportionate decreases under the other options. Spouse coverage also decreases as shown for the \$5,000 option with proportionate decreases under the other options. (The amount of children's insurance, however, is based on the child's age.)

HOW TO ENROLL

ADVANTAGES OF THE PLAN

- A. Complete the enclosed Form 1.
 - B. Include check for first premium contribution payable to Administrator, ACM Ins. Program, and mail with form in enclosed envelope to 1707 L Street, N.W.—Suite 700, Washington, D.C. 20036.
-
1. You are covered anywhere in the world.
 2. The Plan provides valuable protection at modest cost because of the economies of group administration.
 3. No matter how much life insurance you may now carry, this Plan offers an opportunity to obtain low cost supplementary protection.
 4. When dividends are earned, the cost will be even lower.
 5. The Plan is designed to provide higher amounts of protection during the years when your need for protection is greatest.
 6. Spreading the risk on a broad base permits more liberal medical requirements, thus making easier the acceptance of a member's request for insurance on the basis of a brief health statement.

To submit claims, write the Administrator for claim forms.

UNDERWRITTEN BY:
NEW YORK LIFE INSURANCE COMPANY
New York, New York 10010

One of the largest, most widely known and respected firms in the insurance industry. Established in 1845, it is well equipped to serve the membership.

SERVICED BY:
ADMINISTRATOR,
ACM GROUP INSURANCE PROGRAM

1707 L Street, N.W. — Suite 700
Washington, D. C. 20036
(202) 296-8030